#5 am 25 Ge Snw 6-12-04

03500.015319

PATENT APPLICATION

Technology Center 2600

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THE STATE OF THE S		
×4	TRADEMARK	In re

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)		
• •	:	Examiner: D. Sing	h ·
NOBUO TSUCHIYA)		
	:	Group Art Unit: 26	533
Application No.: 09/839,140)		
••	:		
Filed: April 23, 2001)		
•	:		
For: OPTICAL SIGNAL RECEIVER)		
AND OPTICAL SPACE	•	,	
TRANSMISSION SYSTEM)	March 11, 2004	
			RECEIVED
Mail Stop RCE			
Commissioner for Patents			MAR 1 6 2004
P.O. Box 1450			

AMENDMENT

Sir:

Alexandria, VA 22313-1450

Prior to examination on the merits, please amend the above-identified application as follows.

03/12/2004 JADDO1 00000035 09839140

02 FC:1202

324.00 OP

In re Application of:

NOBUO TSUCHIYA Application No.: 09/839,140

Docket No. 03500.015319

Examiner: D. Singh

Filed: April 23, 2001

Group Art Unit: 2633

For:

Date: March 11, 2004

OPTICAL SIGNAL RECEIVER AND OPTICAL SPACE

TRANSMISSION SYSTEM

Mail Stop RCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RECEIVED

MAR 1 6 2004

Sir:

Technology Center 2600

Transmitted herewith is an Amendment in the above-identified application.

An additional fee is required.

The fee has been calculated as shown below

		<u> </u>	CLAIMS AS AME	NDED		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	58	MINUS	40	18	x \$9 \$18	\$324.00
INDEP. CLAIMS	2	MINUS	3	0	x \$43 \$86	0.00
Fee for Multip	ple Dependent claims	\$145°/\$290	_			0.00
			TOTAL ADDITION FOR THIS AMEND			\$324.00

	Verified Statement claimir	ig small entity statu	s is enclosed,	if not filed	previously
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X A check in the amount of \$324.00 is enclosed.

	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.
	Vistin J. Oliver Attorney for Applicant Reg. No. 44,986

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

JJO/tmm

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